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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/662,258			ing Date 15/2003	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
FOR NUM				R FILED		UMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	AL CLAIMS CFR 1.16(i))		minus 20 =		*			X \$ =		OR	X \$ =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *		,			X \$ =			X \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	shee is \$2 addit	If the specification and of sheets of paper, the app is \$250 (\$125 for small of additional 50 sheets or f 35 U.S.C. 41(a)(1)(G) at			plication size fee due entity) for each fraction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	02/16/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 24	Minus	** 30		= 0		X \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	* 5	Minus	***6		= 0		X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
DMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU: PAID FO	R	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**		=		X \$ =		OR	X \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***		==		X \$ =		OR	X \$ =	
AMENDI	Application Size Fee (37 CFR 1.16(s))											
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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